

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|---------|----------|
| FEE DETERMINATION | J.h | | 11/1/99 |
| O.I.P.E. CLASSIFIER | | 70014 8 | 11-5-99 |
| FORMALITY REVIEW | DB | | 11/16/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------------|
| Final Original | 10 01 7 8 4 N |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| 46 | ✓ |
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| 50 | ✓ |

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)